UNITED STATES CONGRESS ♦ OHIO

Congressman Steve Stivers

CONSENT FOR RELEASE OF INFORMATION

To begin processing your case, please complete the following information. **Please Print:**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Cell: _____ Work: _____

Email: _____ Fax: _____

Social Security Number: _____-_____-_____ Date of Birth (mm/dd/yyyy): _____

Medicare Number: _____

SOCIAL SECURITY ISSUES				
Type of Claim Filed: _____				
Initial Claim	Date Filed: _____	□ Pending	□ Approved	□ Denied
Reconsideration	Date Filed: _____	□ Pending	□ Approved	□ Denied
ALJ Hearing	Date Filed: _____	□ Pending	□ Approved	□ Denied
Appeals Council	Date Filed: _____	□ Pending	□ Approved	□ Denied

Briefly explain your problem and/or desired information (*Include additional pages if needed or copies of any documentation that you may have which would help expedite your inquiry. Please do not send original documents*).
Please Print:

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I am aware that provisions of the Privacy Act of 1974 (Public Law 93-579) prohibits the release of information in my file without my approval. I hereby authorize the above mentioned agency (agencies) to provide information regarding my case or claim to the Office of United States Congressman Steve Stivers.

Signature:_____ Date: _____

Please Return Completed Form and Documents To:

By Mail:
Office of Congressman Stivers
C/O Sherry Stuckert
69 North South St.
Wilmington, OH 45177

By Fax:
Fax: 937-283-7052
Attn: Sherry Stuckert

Questions:
Telephone: 937-283-7049